



SEWAGE SLUDGE & BIOSOLIDS USE OR DISPOSAL REPORTING FORM

FOR

SEWAGE SLUDGE PUMPED OUT OR REMOVED FROM A SANITARY WASTEWATER TREATMENT WORKS AND SOLD, GIVEN AWAY, AND/OR HAULED OFF-SITE FOR A FEE OR OTHER CONSIDERATION

[NOTE: A separate form must be filled out if your Use or Disposal Option is: (1) Disposers of Sewage Sludge (2) Land Application (3) Receivers of Sewage Sludge From Outside Sources or (4) Incineration]

NOTE: The reporting requirement is on an Annual Basis. The form must be filled out with information to completely cover the previous year's activities (January 1st – December 31st) and submitted no later than February 28th of the following year to:

Louisiana Department of Environmental Quality
Office of Environmental Services
Water Permits Division
Post Office Box 4313
Baton Rouge, Louisiana 70821-4313

Name of Facility:		Contact Person:	
Agency Interest#:		Permit#:	
TEMPO Identification#:			

(1) Date of Report: _____

(2) Reporting Period: From: _____ To: _____

(3) Amount of Sewage Sludge generated by the facility: Gallons/Year _____ Tons/Year _____

(4) Information Regarding the Pumper/Hauler/Transporter that removed Sewage Sludge from your Facility (If necessary, add additional sheets.):

Name of Pumper/Hauler/Transporter or Facility That Removed the Sewage Sludge	Address	Contact Phone Number	Gallons/Yr Removed	Tons/Yr Removed

(5) Certification Statement:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowing violations."

Signature: _____

Date signed: _____